


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY					
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td>Amber McCrea</td> <td>9-11-06</td> </tr> </table>		A. Received by (Please Print Clearly)	B. Date of Delivery	Amber McCrea	9-11-06
A. Received by (Please Print Clearly)	B. Date of Delivery						
Amber McCrea	9-11-06						
1. Article Addressed to: <u>06-807 SAC</u>		C. Signature x <u>Amber McCrea</u> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>					
<div style="text-align: center;">  Therapeutic Programs Inc. Attn: Bill Mitchell 2900 McGehee Montgomery, AL 36111 </div>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No					
2. Article Number (Copy from service label)		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.					
4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes		7006 0100 0003 2054 7249					

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952